



Credit Card Authorization Form

CORPORATE HEADQUARTERS:
240 West Parkway
Pompton Plains, NJ 07444

DISTRIBUTION CENTERS:
New Jersey Illinois
Florida Texas
California Washington

TO LOCATE A STRONG MAN DISTRIBUTOR, CALL 800.950.6999

WEBSITE: STRONGMAN.COM
EMAIL: SALES@STRONGMAN.COM

NAME AS APPEARS ON CARD _____

COMPANY _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

INVOICE #/DESCRIPTION _____ AMOUNT OF CHARGE _____

TYPE OF CARD



CARD # _____ EXP DATE _____ CCV # _____ *

*The Credit Card Verification (CCV) number is the 3-digit number located on the back of your card, at the top of the signature strip (last 3 numbers). For your protection, the 3-digit CCV number on your credit card is required for processing.

By signing below, I authorize Strong Man Safety Products Corp. to charge the credit card for the amount specified above:

AUTHORIZED SIGNATURE _____ DATE _____

PLEASE RETURN COMPLETED FORM TO ORDERS@STRONGMAN.COM

SAFETY. SERVICE. SOLUTIONS.

**NOTICE THIS FORM MUST BE RECEIVED BACK BY 2:00PM (EST)
OTHERWISE YOUR ORDER WILL NOT SHIP UNTIL THE NEXT AVAILABLE DAY.**